



Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
License No: \_\_\_\_\_ Amt. Pd: \_\_\_\_\_ Check No: \_\_\_\_\_

Manchester Health Department  
1528 Elm St., Manchester, NH 03101  
Tel: (603) 624-6466, Fax: (603) 628-6004

### MOBILE FOOD ESTABLISHMENT PERMIT APPLICATION

Name of Establishment \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Plate #: \_\_\_\_\_ Color: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Vin #: \_\_\_\_\_

Owner: \_\_\_\_\_ Address: \_\_\_\_\_ Tel: \_\_\_\_\_  
(Individual, partnership, Inc., Co., LLC.)

Operator/Driver: \_\_\_\_\_ Tel #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Food safety seminar attendee: \_\_\_\_\_ Date attended: \_\_\_\_\_

Warehousing and storage location: \_\_\_\_\_

### CLASSIFICATION OF FOOD ESTABLISHMENT PERMIT FEE

( ) Class II Canteen and Mobile Food Vendor Commissary (food preparation area) .....\$ 300.00

( ) Class III Individual Mobile Establishment: Canteen Truck ..... \$ 180.00

( ) RENEWAL LATE FEE: In addition to the above, for any renewal received  
after the tenth day of the month following expiration of license ..... \$ 25.00

Name of Commissary and Daily servicing time: \_\_\_\_\_

**Manchester Route:** Please fill out name, address and time of stops in Manchester

Time of Arrival	Time of Departure	Name of Business	Address of Business

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Licenses will not be issued unless this application and attached sheets are completely filled.**

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**THIS FORM REQUIRED FROM ALL MOBILE VENDORS WHO PREPARE FOODS**

**MOBILE FOOD ESTABLISHMENT - COMMISSARY CERTIFICATE**

NOTE: The NH Sanitary Food Code and the City of Manchester Ordinance relative to the Licensing of Food Establishments requires that all food served by mobile vendors be prepared in an approved and licensed commissary. (A commissary is defined as a "catering establishment, restaurant, or any other place in which food, containers, or supplies are kept, handled, prepared, packaged, or stored.")

Mobile Food Establishment operators who prepare foods must submit the following certificate before the Health Department may issue a permit to operated:

If the Commissary is located outside of Manchester, a copy of the commissary's permit to operate and most recent inspection are required.

NAME & ADDRESS OF COMMISSARY: \_\_\_\_\_

\_\_\_\_\_

OWNER OF COMMISSARY: \_\_\_\_\_

If owner of the commissary is an individual other than operator, then the following must be completed:

I hereby certify that I have given permission to \_\_\_\_\_  
(Canteen owner)  
to prepare food and clean and sanitize equipment in my premises at

\_\_\_\_\_  
Address

I understand that I am responsible for the wholesomeness and quality of food as it relates to preparation in my establishment, and certify that my establishment meets requirements of the NH Sanitary Food Code.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

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**THIS FORM REQUIRED FROM ALL MOBILE VENDORS  
WHO SELL PACKAGED FOODS**

**MOBILE FOOD ESTABLISHMENT - PREPARED FOODS CERTIFICATE**

NOTE: The NH Sanitary Food Code allows the operation of mobile food establishments without a commissary PROVIDING that all food products are pre-packaged at an approved commissary. If a mobile food establishment does not operate out of a commissary, then the following statement is required from all suppliers of sandwiches, pastries, prepared foods, etc. (This is not necessary for candy, packaged cupcakes, packaged potato chips, packaged drinks, etc.)

**SUPPLIER OF PREPACKAGED FOODS**

I hereby certify that I supply \_\_\_\_\_  
with the following food products: **(Canteen Owner)**

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I further certify that my establishment meets requirements of the NH Sanitary Food Code.

Name and Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**\*The Health Department may require a current inspection report from an appropriate State or local health authority.**

## **PART He-P 2326    MOBILE FOOD UNITS AND PUSHCARTS**

### **He-P 2326.01 Requirements Based on Type of Food Served**

- (a) Mobile food units shall display their department license numbers, in numerals no less than two inches in height, on the driver's side door no lower than two inches above the bottom of the door.
- (b) Mobile food units shall be required to meet only the following requirements, based on the type of food served.
  - (1) Mobile food units serving unwrapped, potentially hazardous food shall:
    - a. Comply with He-P 2304, He-P 2305, He-P 2306, He-P 2307, He-P 2317, He-P 2326.04 and He-P 2326.05; and
    - b. Provide:
      - 1. Water which complies with He-P 2311, if from a private source;
      - 2. Hot and cold water under pressure;
      - 3. Protection against contamination, as required by He-P 2304.30;
      - 4. A hand wash sink which complies with He-P 2314.03(a)(2);
      - 5. A three-compartment sink or a licensed commissary at which utensils can be washed daily; and
      - 6. Protection for all outer openings against the entrance of insects, as required by He-P 2316.01(d).